

## Basic information on drugs

### To the Editor:

Like other pharmaceutical manufacturers, our company is being asked with increasing frequency to supply basic information on our products to interested pharmacists and physicians. The standard "Product Information Form" is regarded by many as the minimum basic data which should be on hand for the use of pharmacy and therapeutics committees.

Quite often, surprise is expressed at the fact that more complete information can be supplied for recently marketed preparations than for older, established compounds. This apparent paradox is easily explained.

Prior to marketing, a manufacturer must know that a drug is stable, safe and efficacious. While he would like to know everything about it, the limitations of time, cost and facilities require him to adopt a pragmatic approach; beyond the essential data, he will routinely provide only the information required by law, at least until some return on the venture is assured. Until recent years, governments did not demand in most cases that sites of action, metabolic pathways, or metabolites be identified or even investigated. The level of our understanding of *all* drug action was such that this would have been completely impractical. Today, more and more information is regarded as essential prior to therapeutic use, and new compounds reach the market after a much longer period of more intensive research than ever before. In consequence, many more facts are known from the outset.

Where a compound has been marketed for many years, but its metabolic fate is still imperfectly understood, the manufacturer faces a dilemma. The drug was originally marketed at a price designed to recover the research investment that had then been required, and since marketing the financial return has diminished as competing products were introduced. The expiry of patents allows any other firm to duplicate the product, with a further increase in competition and decline in profitability.

In this situation the manufacturer is understandably reluctant to allot precious research capacity in order merely to fill in the gaps in his knowledge of the drug, unless there is evidence that this is essential to prove safety or efficacy. The only source of funds for such investigation would be the next generation of new com-

pounds, which must carry an ever increasing burden of research expense on their own behalf.

It would seem, therefore, that where the professions prescribing and dispensing "old" drugs believe that more must be learned about their action, responsibility for eliciting the data will have to be assumed or at least shared by interested parties other than the manufacturer. Such an arrangement, in fact, merely completes a circle of co-operative effort; for new compounds, the manufacturer supplies the initiative but must have the assistance of clinicians and institutions in order to complete his pre-marketing research, while for older drugs the initiative to extend knowledge comes from the academic, who naturally looks to the manufacturer for technical or other assistance in his project. We will never know all about every drug, but, in time, we can hope to know much more than we do now, through co-operative effort directed toward meeting our most pressing needs first.

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## Information sought on Dr. Norman Bethune

### To the Editor:

I am involved in research on the life and career of the late Henry Norman Bethune (1890-1939), M.D., F.R.C.S. (Edin.). Dr. Bethune, a Canadian thoracic surgeon, became well known in North America during the early 1930's for his development of surgical techniques and his invention of various surgical instruments. From 1929 to 1933 he served at the Royal Victoria Hospital in Montreal as the First Assistant of Dr. Edward Archibald. In the latter year he became head of Surgery at the Sacred Heart Hospital.

In 1936, he went to Spain, then in the midst of the Civil War, where he established the Canadian Mobile Blood Transfusion Service. By transporting refrigerated blood to the wounded, Bethune saved many lives. Early in 1938 he left for China to serve with the Eighth Route Army against the Japanese. Even before his tragic death (ironically from septicemia) in November 1939, he became a legend in China. During his two years in that war-torn land, he trained doctors, established mobile hospitals and taught improvisation in the manu-

facture of medicine. During most of this time his entire operations were constantly a few miles from the advancing Japanese forces.

It is my intention to produce a documented analysis of Dr. Bethune's career and I am anxious to correspond with any readers of the Journal who may have known Dr. Bethune or who may possess documentation relative to him.

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## Biography of Dr. Ray F. Farquharson planned

### To the Editor:

With many misgivings about my ability to carry it out, I have consented to attempt to write a biography of the late Dr. Ray F. Farquharson. There must be many readers of this Journal who in the past have known Dr. Farquharson well either as a physician, or as a teacher, investigator or administrator, or simply as a personal friend; and I write this letter to ask that as many of these as possible be kind enough to send me any information they may have about him or his work that would add additional interest or colour to the story of his career. Anecdotes and stories about his childhood, schooldays, medical school period, internships, postgraduate work at Boston and elsewhere would be particularly acceptable. Information and messages from former patients would be of great help. Any suggestions about other sources that might be investigated would be very welcome.

Credit, of course, will be given to all who assist in the preparation of this biography, and nothing will be included in it without the explicit consent of the person who supplied the information.

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### ERRATA

In the letter from Dr. T. L. Fisher on voluntary sterilization (*Canad. Med. Ass. J.*, 103: 1393, 1970) there were two printing errors. The second sentence should read: "In the past the opinion of the Canadian Medical Protective Association that voluntary sterilization might be illegal was because..." The statement from the Criminal Code should begin: "Every one is protected from criminal responsibility for performing a surgical operation upon any person for the benefit of that person if..."